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Vomiting. A Symptom in disease,  
its importance in diagnosis,  
and treatment.

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The symptom of vomiting is one which presents itself so often and in such a variety of diseases that its importance in diagnosis is primary. The fact that it is met with so frequently no doubt has led the lay mind and even in many cases the practitioner to look upon it in a very casual manner. When however one notes the cases in which this symptom has been an outstanding feature, when to the patient

it has really been the disease of which he most complained one must concede that at all times it must have due weight laid upon it as a symptom calling for active treatment.

Without considering the Anatomical structure of the Stomach and its relations to other organs it would be well to review some of the facts which have been elicited in scientific research. Whether the stomach plays an active or a passive part in the act of Vomiting has apparently been a subject of doubt if one looks to the

- the literature of the Subject. Prof McKendrick with others, holds that the Stomach does contract. The Experiments which Cohnheim lays before us as having been performed by Magendie, Ruble & Giannuzzi seem to point to a different conclusion. The first named has shown that when Tartar Emetic is injected into the body of a dog, and the finger being introduced into the abdomen, the diaphragm plays a most important part in the act of Vomiting. Giannuzzi by the introduction of a manometer into the Stomach of a laryngized dog

demonstrated the fact that the stomach did not contract when Tartar Emetic was injected which would point to the Passive View. Again Majendie tried to prove by substituting a pig's bladder for the stomach that Tartar Emetic by injection caused Emetis. Lantini however showed that this experiment does not succeed if the Cardia is left attached to the Oesophagus. The importance of such experiments is very great in the determination of causes which bring on Emetis. It seems unreasonable however to suppose that if we have a peristaltic and anti peristaltic movement in

the gullet and bowels so that the stomach which is so intimately connected with these, it in fact but a part of them, will <sup>not</sup> have have an antiperistaltic motion also. In the case of the uterus there seems to be an analogous movement to vomiting in its endeavour of to free itself of its contents as the pain or contraction according to Leishman begins at the os & proceeds to the fundus from which it passes again to the mouth of the womb. The experiments carried out by these gentlemen and the records of Clinical observation would tend to show that the centre is complex or at least spread over a

fairly wide area at the base of the brain. (I discuss this point further in page 31.)

The act of vomiting would appear to consist of an anti peristalsis of the viscera, the diaphragm descending at the same time, the abdominal muscles contracting, the stomach is forced against the vertebral column causing the Cardia to open and the food or contents of the organ to be quickly ejected.

The information got by Giannuzzi leads to the view that the centre of vomiting is intimately connected with the centre of Respiration. This is seen in the fact that the muscles which control



or rather cause vomiting are the muscles of Respiration the only difference being that in the act of vomiting these muscles act simultaneously. Prof. McKendrick does not admit that these centres have this connection and Ferris gives no light on the subject.

I have grouped the causes of vomiting into three ~~very~~ classes:-

- I Irritants acting on the peripheral nerves of the walls of the Stomach  
as unwholesome food, Ulceration.
- II Poisons or Pressure acting as Irritants on the Nerve centres  
as seen in Fevers, Apoplexy &c.
- III Irritants acting reflexly as  
in Uterine disturbances.

This classification though simple

has by its being concise the advantage that it can be readily remembered and thus will do much to facilitate a correct diagnosis.

In the first group of causes I have "Irritants acting on the peripheral nerve endings of the stomach"

The simplest cases under this class are met with in very young children who often vomit up milk in curdled lumps without any apparent effort. That vomiting in the young can be brought about by little effort is seen in these cases. Here the irritant seems to be little more than

too much food overloading the stomach, and the pressure thus caused and the distension of the walls <sup>making</sup> causing the organ to seek relief in the ejection of the excess.

But when our cases become more pronounced when after each time of taking the breast or more likely the feeding bottle we have the little ones apparently much pained & then some matter vomited up this leading to maciation especially as is often the case that diarrhoea sets in along with it an explanation further than overloading must be sought. These cases are most often met with where proper timing has not been observed in suckling, where the infant has.

been put to the breast to save nursing and the mother has not been sufficiently guarded in her own habits. Simple correction as to regularity in giving nourishment together with fresh air, is, as a rule, all that is required to alter matters for the better.

The cases of children being "brought up on the bottle", however, are more severe in their nature and longer in their course. The utmost scrutiny must be made of the bottle and tubes, and when these, as is generally the case, are smelling sour the cause is very evident. Through want of cleanliness the milk has really become poisoned, and this irritating the stomach

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relief is got by vomiting.  
 Another irritant in those simple cases is the strength of the milk and the method of its preparation. Two cases will help to exemplify this point.

I. F. aet. 1 year; brought up on the feeding bottle; pains in stomach & bowels; vomiting; diarrhoea; loss of weight; no other ailment at any time but a slight attack of bronchitis.

Ann. aet. 1 1/2 years; born prematurely at 7 1/2 months; weakly from birth; reared on the feeding bottle; vomiting persistent; growth very slow; no diarrhoea.

These two cases may be taken as typical of a class met with very often in practice

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among the poorer and lower & middle classes. Their evident simplicity must not lead me to delay treatment or the result will in time prove fatal. With proper attention to the points of regularity & cleanliness it is always beneficial to weaken the milk. In children under two months it should never be more than one of milk to three of water. It is also a good plan to have the milk scalded. The addition of a little lime water has a good effect, especially in cases where diarrhoea is also present. To him these fail the milk should be peptonised, but in most cases if the simple plan is thoroughly carried out

it will probably prove sufficient.  
A grain of Colomel at the beginning  
where there is reason to suspect  
much fermentation is beneficial &  
may be administered at intervals.  
Sometimes such cases are but  
the beginning of Labe Mesenterica  
and when they resist treatment  
in the line indicated and  
if emaciation becomes very  
marked a fatal result is  
almost certain to supervene.  
Sometimes this kind of attack  
is looked upon as "Bilious"  
which is generally but an ignorant  
explanation, an endeavour to  
give a disease a name  
without knowing the cause,  
such 'bilious' attacks of air

Having a wide significance. Here in those cases there is little or no elevation of temperature but when the case is going to the bad a hectic condition sets in. The symptom of vomiting in these cases as the ~~to~~ I have referred to ~~or~~ is the pronounced evidence of Dyspepsia. Among older children, the practitioner scarcely meets a disease more often than dyspepsia, the symptoms of which are as a rule sufficiently pronounced for guidance. One, however, is apt. when the symptom of vomiting is very persistent to think that it is due to some other cause, such as Tubercular meningitis, or Intere Fever. Temperature



in cases of doubt should be a great guide, and even tho it is somewhat elevated, as a rule, it does not persist in the simpler class of cases. But it is not my object to write a treatise on Dyspepsia as a disease, which of itself would form a sufficient subject for a thesis. What we have got to do is to recognise the importance of the symptom, & relegate it to its proper cause.

Poisonous matters taken into the stomach in the way of bad food, unripe fruit, mineral or vegetable poisons are very common causes of vomiting here too, one cannot be too careful to avoid error. Evidence

of this I seen in an attack which I had myself about two years ago. The vomiting was due to eating two unripe apples and began at 9 o'clock on Sunday evening persisting with intervals of about an hour until Tuesday afternoon. The temperature ran up to  $103^{\circ}4$ . Simple means proved futile and, as Intense Fever was rampant at the time, one was inclined to the view that it was but the beginning of such an attack. Blistering at the pit of the stomach on the advice of a brother Practitioner and the administration of Iodine settled the irritability & the temperature fell to normal in two days. I have seen

cases not quite so pronounced, where the temperature went up between two and three degrees, but the point to be noted is that it does not continue so for any length of time.

Among a large body of Dyspeptics there is little doubt that Excessive indulgence in spirituous liquors is an exceedingly common cause. Vomiting in the morning is what the tippler most complains of and as a rule he takes more to settle it which for a time it does. Naturally enough few admit the cause of the vomiting. This symptom is seen sometimes as a premonitory symptom of Delirium Tremens.

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But whether it is due to the cerebral irritation, or is wholly gastric is in my opinion somewhat open to doubt. There is no question that the nervous stability has received a shock by the use of alcohol, and this may even go the length of an attack of insanity. Of course the changes which go on in the stomach and liver are very marked when we see them post mortem, which is rare, and from these changes we might be apt to exclude the view that the cerebral cause required our consideration. The evidence of the following case has led me to the opinion that the significance of this point is worthy of attention.

J. L. act 45, publican, not a confirmed  
 tippler. came to me on the 29<sup>th</sup> July 1895.  
 complaining of Excessive vomiting, sleep.  
 lessness & business worry: tongue  
 furrowed: nervous expression and  
 apparently somewhat irritable.

Ordered a poultice to the  
 Stomach, gave a small dose of  
 Colomel & Salap followed by  
 Bicarbonate and enjoined  
 rest in bed & stoppage of alcohol.

Two days afterwards the vomiting  
 becoming worse I was called to  
 find that delirium was be-  
 ginning. Within the next twenty-  
 four hours this symptom became  
 more pronounced and as it  
 did so the vomiting as one  
 might say diminished & *pari passu*  
 as delirium increased.

The attack of D. I. was a very bad one, consciousness not returning until fifteen days had elapsed, during which time the stomach retained all that it received in the way of Beef tea, soups &c. which made up the main treatment. The medicines used were also retained and an excellent recovery was made. After almost a year there has been no return of any of the symptoms.

In the foregoing the matter vomited consists of the ingesta mixed with the products of the glands of the stomach. Where the vomiting is excessive and towards the end of an attack, especially where there has been

constipation leading of Congestion of the Liver and Gall Bladder bile is frequently mixed with the food and mucus ejected.

The odour is sour, and, where fermentation has been going on, this is more marked, whilst the examination under the microscope shows *Sarcinae Ventrinali*.

More grave than those cases which we might term Dyspeptic Vomiting we come to a class of cases where the attack is preceded by violent Pain, which is only relieved when the food is got rid of. This Pain comes on immediately after food, and generally reaches its acme in less than an hour. It varies in

degree from an uneasiness to a lancinating pain almost unbearably, which is specially aggravated by very cold or warm foods, or indigestible materials. When we come across such cases our diagnosis points to Ulcer of the Stomach. This condition, when simple, is most of the found among women. I have not yet seen a case in a man, whilst I have noted fully twenty in the female sex. One very often finds that the patients are Anaemic, work in mills or closely confined places, whilst domestic servants are also very prone to this disease.

The attacks of Vomiting in such cases is preceded, as a rule by, a long tedious period



of dyspepsia, irregular catamenia  
 marked constipation. Vomiting be-  
 coming persistent, & perhaps haemorrhage  
 occurring, the patient seeks medical  
 aid. In some cases the haemorrhage  
 may be great, a pint <sup>of blood</sup> may be  
 ejected, but generally the  
 quantity is much less, a few  
 tablespoonfuls being looked  
 upon seriously. In others again  
 but a few streaks of blood  
 may be visible. Where there has  
 been oozing the vomit takes on  
 the well known Coffee ground  
 appearance due to the fact  
 that the blood has become some-  
 what digested. Part of the  
 blood passes into the bowels  
 and undergoes digestion giving  
 the stools a tarry appearance

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and making the smell very offensive. In many cases one may have complaints of pain and tarry stools before vomiting sets in, and these ought to point to a diagnosis of Ulcer.

The following case of a young lady which was very interesting from the fact that to all appearances she was most healthy, being ready, robust and active, illustrates my remarks.

Miss A. set 24 years. was brought to my house on the 18<sup>th</sup> Oct. 1894 having fainted at an evening lecture. Shortly after having been driven home between one and two hours pints of blood was vomited. She had complained of pain after food and that her stools

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had caused uneasiness for a few weeks, and that black stools had been passed for seven or eight days. There was a slight outbreak of the haemorrhage two days after. She was confined to bed for five weeks and returned to her duties as a teacher in three months. Here there must have been a rupture of a pretty large vessel and the fainting was probably due to the loss of blood which acting on Smetie was vomited up in the course of about two hours.

There has been no evidence of any return of the complaint, which is probably due to the fact that the dieting has been most

most carefully regulated, *kā*, which I feel certain is in excess almost as bad as alcohol, being entirely prohibited.

The treatment of the symptom in this class of cases is the treatment of the disease. I have no doubt that the best method is that adopted in the case of *M<sup>rs</sup> Y* (See pages <sup>54</sup> 54-55.) This is the plan adopted by the German School. It is not one likely to find favour with the patient, but one should endeavour to set aside scruples, as a quicker recovery will certainly follow. If this can not be done, or in milder cases, then milk and water - in equal parts - in half tablespoons every  $\frac{1}{4}$  to  $\frac{1}{2}$  hour

should be given for the first three or four days & then gradually increased. Rest to the stomach is the indication. The salts of Bismuth may be given combined with Gum Acacia to assist in allaying vomiting & irritation. Poultices to the epigastrium have a sedative effect. Morphia has been advised, & whilst I have seen it do good, I have also seen it act worse than Apomorphine, as it did in M<sup>r</sup> J's case.

Closely connected with Simple Gastric Ulcer, so far as symptoms are concerned, is Cancer of the stomach. Altho seen frequently in my medical course I have only seen one

case in which I carried out the treatment since graduating, but to me it proved very interesting.

It was that of a lady aged about 65 years. The vomiting was most excessive and persistent.

The diagnosis was that of Cancer of the Pylorus in which Dr. Lux of the Glasgow Royal Infirmary, who was called into consultation, agreed. She took ill in

the month of July 1892 and notwithstanding the severity of her symptoms she did not die until 29<sup>th</sup> Jan. '93. She was able to retain food for an hour or two at first, but towards the end, the period of retention became shorter.

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The vomited matter consisted of food, mucus, bile, and in some instances towards the end, feculoid matter with a most offensive smell. The appearance of this in the vomit towards the end can only be explained on the presumption that the pylorus had become surrounded with hardened tissue preventing its closure and the excessive pressure of the muscles of the abdomen on the bowels during the act of vomiting led to the regurgitation into the stomach which greatly increased its irritability and added to the severity of the attack. In this case, nuxphria was used

With good effect in assisting to  
alleviate vomiting and in inducing  
sleep. Nutrient Enemata into  
which was always put  $\overline{MX}$  of  
Lycopodium had much to do with  
the prolongation of life. In dealing  
with such another case I  
would however be more  
inclined to rely in feeding  
per rectum almost entirely,  
thereby saving the patient's  
strength by avoiding the strain  
of continual Emesis & would  
adopt the plan referred to in  
pages 54 & 55

Have placed in the  
second group of causes  
"Poisons or Pressure acting as



Irritants on the nerve Centres".

In this class of cases there is somewhat more difficulty in determining the cause. I have said that the exact Centre of Vomiting has <sup>not</sup> yet been made known, but from Clinical observation and from the fact that centres for other functions have been localised it may be assumed that this centre will also be made known. It is probably situated in the Medulla & I have remarked Complex being ultimately connected with the Respiratory Centre. One is assisted to this conclusion by the fact that

in severe attacks of Bronchitis and Hooping Cough vomiting often occurs. Of course, against this view that it is central irritation of the Respiratory Centre, which brings on an attack, by a reflex action on the Vomiting Centre, may be placed the fact that the stomach itself is irritated in the effort of coughing, which irritation, per se, might be sufficient to cause vomiting. Again with regard to poisoning in the blood, there is the view of Herman to contend with. He says that by injection of *Parasmetin* into a vein, vomiting does not take place before Antimony can be found in the stomach, from which he would have it to be

concluded, that the act was due  
 to the direct irritation of the  
 peripheral nerves of the walls of  
 the stomach. But can one not also  
 view the fact that the blood  
 which conveyed the poison to the  
 stomach, will have at the same  
 time conveyed it to the brain, &  
 that the centre is more likely  
 to be readily stimulated than  
 the terminal points of the nerves.  
 It is against the teaching of  
 Physiology if such is not the  
 case. And when, as shall be  
 pointed out, irritation from  
 pressure on the central nervous  
 system causes Inebriety, it is quite  
 reasonable to conclude that  
 poisonous irritation will also  
 bring it about. We have no

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evidence that urea has been found  
in the Stomach in cases of uraemic  
poisoning, in which Vomiting is a  
prominent and an early symptom.  
The Vomiting of Typhoid where there is  
a poison in the blood could be  
argued to a certain extent on  
the same grounds as Iodo-  
Sulphate. In these, however, there is  
the rise of temperature to con-  
sider, which will bring about  
a disturbance of the Thermal  
Centre, and there is also the  
fact that the Brain and other  
organs are to a lesser or greater  
degree congested, leading to  
pressure. With regard to pressure  
the case seems clearer. Post-  
mortem Examination & Clinical  
observation can be placed side

by side and conclusions drawn.

In the case of Basilar Meningitis there is Exudation of fluid, and in life, this fluid pressing on the brain irritates and we may readily assume this causes the vomiting. Even a shaking of the brain may cause it, as seen in swinging or the pitching of the vessel causing seasickness. This, also, is seen, in the child who gets a fall, or the man, who in boxing, gets a blow on the head, both shortly afterwards vomiting on account of slight concussion, altho there is no further evidence of this than the sickness.

In regard to cases where it is due to pressure in young children, one must be very careful. The history

given by parents is, as a rule, of little value. To them it is causeless, often coming on suddenly, and without any relation to the taking of food, although in some cases it is aggravated by it. It is often put down to teething, but this is a pitfall one cannot be too careful about avoiding. That this is ~~the~~ a cause in many cases I quite admit, but I fear, fifty per cent. of so called teething cases have another and central cause. I have seen a child brought to a dispensary because nothing would lie on its stomach which was practically in the throes of death from Tubercular Meningitis, & which caused its death within twenty four hours. The

accompanying symptoms, the elevated temperature, the pinched face, sunken eyes, dry skin, flying pulse almost uncountable, then clammy sweats & nervous twitching show the cause.

A few days later I saw a similar case with Dr. Cairn, for whom I was acting, where both agreed to the diagnosis. The Hydrocephalic Cry in both cases was looked for in vain. What grieved was the rapidity of the disease, its resistance of treatment, and the onset of Convulsions. I have seen a case where the convulsions were more pronounced, in which recovery took place, but which, I fear, from its result, was not tubercular. I give an outline just to show the similarity. On 25<sup>th</sup> March 1895

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I was called to see a child  
L.S. aged sixteen months who  
was vomiting and taking Convul-  
sions. It was teething, the tongue  
was furred and the temperature  
fully  $100^{\circ}F$ . The onset was sudden  
and no reason could be adduced.  
Saw the child about 5 o'clock in  
the afternoon and advised a  
Cantharides Blister to the Nape  
of the neck, a warm hip bath  
when the Convulsions came on,  
ice cloths to the head which  
was closely cropped, the bowels  
cleared out and *Trk Bella.*  
*donnae* with Pot Brom to be  
given internally. Next day  
the child was worse, having  
taken over a dozen Convulsions  
in the interval and unconscious-  
ness was approaching. I deter-  
mined



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to bleed the child and had a leech applied to either temple and when the leeches came off the wounds were allowed to free themselves of an ounce of blood each, ice being at the same time kept to the head. The effect was almost magical. Only two convulsions of the slightest kind came on after this was done, one shortly after the leeches came off and the other in about twelve hours. The further progress of the child was equally rapid, attendance being dropped in about a week. I have since seen the child who is developing into a strong healthy boy. What makes this case the more interesting to the

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fact that two children of the same family had died under similar conditions. Here there was probably Congestion of the Brain & Membranes due to letting, as relief of the intracranial pressure was the curing of the disease.

Cases of tumours giving rise to vomiting have been recorded but of these I am unable to write from personal observation. These act in the same way as fluid i.e. by pressure. In Apoplexy Vomiting is often a premonitory symptom. On the 11<sup>th</sup> June 1895 I was called to a patient - a woman aet 54.

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who had been found uncon-  
scious. There had been profuse  
vomiting and the irritation of  
the stomach was seen in the  
hiccup which continued until  
within half an hour of her  
death which took place  
in less than three hours  
from the time I was called  
and probably she had been  
unconscious about half an  
hour longer. About half an  
hour before death the  
haemorrhage, which must have  
been caused by the rupture  
of a large vessel at the  
base, apparently broke  
out again as breathing almost.

stopped, but by artificial respiration it improved only to stop as the Cyanosis which was a marked symptom at this time became more pronounced. One most peculiar point was that pulse could be felt at the Radial Artery for five minutes after the cessation of respiration & the heart sounds could be heard a minute or so longer. The explanation here would seem to be that the pressure first affected the - centre for the Stomach then respiration and lastly that for the heart.

Where vomiting is due to a poison in the blood we have very good examples

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in the Eruptive fevers. In two  
epidemics of measles I have  
marked it as a very important  
symptom at the beginning. It  
is not, as a rule, very severe,  
and accompanying symptoms  
should make diagnosis fairly  
easy. If these fail, - the appear-  
ance of the rash soon clears  
up all doubt as to the cause.

In Scarlet Fever it is also a  
very early symptom. How many  
cases there are in which it is  
the one symptom, even before  
the Sore Throat. Temperature,  
and - the lapse of one to two  
days, show the cause. With  
the appearance of the rash  
in both cases the Vomiting

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Gradually ceases. With these  
two exanthemata one does not  
remain long in doubt, but in  
Enteric Fever it is much more  
difficult to come to a conclu-  
sion. The vomiting is sometimes  
very severe, and diarrhoea is  
not always present, and if  
-present, one may confound it  
with tubercular disease of  
the bowels. I have seen cases  
of severe Vomiting termed  
"Infantile Remittent Fever,"  
which the practitioners would  
not admit were Enteric Fever  
until two others developed  
similar symptoms and the  
spots appeared on the first. I  
have from the latest book  
in the cases determined to show

45.

how easily errors can be made.

In Feb. 1895. Auct. act. about 2 yrs.  
had vomiting and diarrhoea, temper-  
ture running up to  $108^{\circ} F$ . Vomiting  
persisted for a fortnight. Two  
other members of the family, fully  
one and two years older, became  
affected with symptoms similar  
to the first, on whom the rash of  
Enteric now appeared. Within  
a few days three other children  
& the mother became sick.

Five children were removed to  
hospital where one died. The  
mother was seven months pregnant  
& miscarried. For a week her  
temperature ran between  $104.5^{\circ} F$   
and  $105.5^{\circ} F$ . The other children  
made good recoveries and the  
mother did well until the sixteenth  
day when the rash appeared

more distinctly than before, and the temperature ran up to 105° F. At the end of fully a week it began to fall and an excellent recovery was made. The difficulty in these cases was that no Enteric was known for miles around. The infection had been brought from Blauy in 20. 30 miles distant, where a friend, whose clothes had been sent to my patients, had died about six months previously. I am convinced that the opinion of Bristowe is correct that the "Infantile Remittents" are really Enteric and should always be treated as such, whether diarrhoea be present or not.

I think a strong point is made out for poison acting on the nerve centres in the cases



of uremia. I have seen several cases of this and have found that vomiting was as a rule a prominent and early symptom. One case, which I shall note immediately, I was called to because, as the mother put it, the girl "had an attack of Vomiting the Bile". Here, it would appear that the irritation of the periton first leads to mesis, and then Congestion of the brain coming on Convulsions rapidly follow.

Am M aet 16 yr, mill worker had an attack of Vomiting on  
Saw her in the afternoon, & noticed some puffiness of the eyelids, which aroused suspicion. Enquiry showed that the amount of urine

passed had diminished, altho not  
complained of. Had some sent me  
for examination, when it almost got  
like the white of an egg on boiling.  
Sinapisms to the back and a  
diuretic were used. At 3 AM  
I was again called and found  
her in convulsions, Blistering  
the nape of the neck, cutting  
the hair & ice cloths did little  
or no good. After twelve hours  
of this during which time she  
passed from one convulsion  
into another, two leeches were  
applied one to each temple  
and the veins were permitted  
to bleed very freely. The bowels  
were moved by injection & the  
ice bag applied to the head  
The bleeding had an excellent

effect, the convulsions disappeared and the patient was conscious next day. The line of after treatment was keeping up free diuresis, milk diet. She recovered in a month. Since then she has done very well having developed well and her periods, which were not previously noticed having now begun.

Lastly we come to the third group which I have placed as "Irritants acting reflexly".

These reflexes may be caused by almost any organ in the body and show how intimately one viscus is connected with another. When we have in

practice to do with such a vomiting - that cannot be explained by either of the foregoing groups of causes, by a process of exclusion, we fall back on the cause being due to reflex action. Amongst females there is not an organ which causes this more frequently than the uterus and its appendages.

Other common causes are limous gall stones, and, as a class sub-class, might be taken psychical conditions as once seen in cases due to a noxious smell, a loathsome sight or remembrance of a foul deed. The cause which

next to pregnancy or uterine disease I have seen act most commonly is Stoppage of the bowels.

In regard to pregnancy we look upon sickness in a slight degree as quite a natural thing to expect, indeed it is an important factor in coming to a conclusion in such a case, & therefore we do not feel inclined to treat it unless it becomes so serious that the health of the mother suffers and the life of both parent & child are in danger. Among Women a sick pregnancy is generally looked on as likely to have a favourable issue. When however this

sickness becomes such - that nothing will lie on the stomach, the aspect of affairs is serious enough. In very ~~and~~ stubborn cases we may try drugs, among which Bismuth, Oxalate of Cerium, Ipecac, are most popular and also the fly blister, but I am certain that these will from experience prove of very little avail, if rest in bed, and the strictest attention to simple dieting, and that in the smallest quantities, is not thoroughly attended to. I have seen a case which resisted even this carried out in the strictest sense.

Mr. J. took ill on the 25<sup>th</sup> March 1894.  
Inquiry showed a long suffering

from dyspepsia, there also being great pain after food & some black stools had been seen. The great severity of the vomiting, even when nothing was in the stomach, led me to suggest that she was - pregnant, a view which was hardly accepted, as her only child was fully six years of age. By confining to bed and sedative drugs such as Bromine salts & Cocaine, together with only milk and water, she somewhat improved, but at the end of a fortnight she again got worse. In the meantime blood was seen in the vomit. Matters getting worse I had a consultation with Dr Graham, who

15<sup>th</sup> April

quite agreed with me in sup-  
posing that she was pregnant.  
I proposed rectal feeding, but  
he felt inclined to continue  
on the lines I was going viz  
giving milk and lukewarm  
water in tablespoonsful. Another  
Consultation with Dr Graham and  
Fraser on the 30<sup>th</sup> May. It was  
then found that the uterus was  
somewhat enlarged and the  
pregnancy was thus apparently  
verified. Rectal feeding was  
determined upon, & I determined  
to adopt the lines laid down  
by Sward. The bowel was  
thoroughly washed out and  
allowed to rest for half an  
hour. The nutrient Enemata



first used was that recommended by this eminent physician made in the following manner:

"two or three eggs are beaten was a tablespoonful of cold water. As much of the very best flour as will go on the point of a knife is boiled with a 20% solution of grape sugar and a wine glassful of red wine added. The egg is then slowly ~~boiled~~ poured in while the mixture is stirred, care being taken that the mixture is not hot enough to curdle the egg. The whole quantity will barely amount to 3viij " To this I added M $\overline{XV}$  of  $\overline{I}$ R opii to allay the irritability of the bowels. The great point to be observed that this amount should not

be forced into the bowel but  
 made to run slowly in the  
 time taken should be about  
 a quarter of an hour. From my  
 observation in this case I am  
 convinced that it is quite un-  
 necessary to peptomise the food.  
 Later on I used Beef tea and  
 Mutton Soup, to which was added  
 a tablespoonful of brandy. The  
 enemata were given night &  
 morning, the one being retained  
 until washed out before giving  
 the next. Not even a drop of  
 water was allowed into the  
 stomach for three weeks  
 and then small quantities  
 of milk were given by the  
 mouth, nutrient enemata  
 being wholly dispensed with two

weeks later. Proof of the success of this method was seen in the vomiting quickly ceasing and the patient growing more fat in appearance & regaining her strength. In the month of November<sup>(6<sup>th</sup>)</sup> I delivered her of a daughter the pregnancy having taken an ordinary course from the date of leaving.

I am inclined therefore to much recommend this method of treatment in obstinate cases of vomiting from pregnancy, and, as it would give the stomach perfect rest in cases of ulcer, I feel certain that the best possible results will be got by adopting it. It also proves the fact that Septuising is not needful in such treatment.

which has also the advantage of being less expensive, & more readily carried out, factors whose value can scarcely be overrated in a middle class practice.

Next to pregnancy there is perhaps no more common cause of reflex Vomiting than that caused by bowel mischief, leading to occlusion of the alimentary canal, as is seen in the case of twists of the Int, Hernia or pressure of abdominal tumours. And it is particularly in this class of cases that one is apt to make a false

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step in diagnosis, which may  
cause the death of the patient.  
I have seen case where another  
Medical gentleman diagnosed  
a "Bilious Attack" which when  
I saw the woman, clearly showed  
a mistake as the Vomiting  
was most persistent, evidently  
causeless, beyond a slight ab-  
dominal pain, but the ex-  
pression of the face, quite drawn  
and anxious looking, a point  
never seen in simple Vomiting &  
one always to be noted, the  
feculoid nature of the vomited  
matter, showed that it was  
due to stoppage of the bowel,  
probably a band or twist  
bringing ~~at~~ about the obstruction

collapse was setting in when I saw her and death took place within twelve hours.

Another case somewhat of a similar nature altho in a youth presented much likeness to the foregoing one, & I am pleased to state had a more favourable issue. I was called to see this youth. A. E. aet 15 years who was engaged in "drawing" in a coal pit, on the 10<sup>th</sup> Oct. 1891. He was suffering great pain and was vomiting very profusely. He said he had not hurt himself, altho he might have twisted himself. From the individual, & family history I was inclined to favour the cause as being Peritonitis, especially from the intensity of

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the pain. Sinapisms were applied, and Opium given in very free doses. These somewhat assisted. Next morning I was called early, and noted the great change. On examining the vomit I found it feculoid, and at once informed the parent that there was stoppage of the bowel, and advised removal to hospital for operation. Having asked my Superior - Dr. Waddell - to come to my assistance enemata were tried without avail. After much persuasion he was allowed to go to the Edinburgh Royal Infirmary where he was operated on within an hour of admittance by Dr. Thomson, assistant to Professor Amundale, who found the lead was suffering from

✓ He was dismissed from the Royal on  
the 29<sup>th</sup> Jan. 1893.



Volvulus also simple & what was taken to be Tubercular Peritonitis. Altho on the point of death when removed, and he had 30 miles by rail, he made a good recovery & before I left the district he had returned to work. I have since beginning this ~~was~~ thesis made enquiry and found that he is presently enjoying good health. Here the patient would certainly have died within the next twelve hours, and in such a case the only hope of successful treatment lies in operation.

When one comes across a case of febrile vomiting

it is well to remember the words of the late Sir George Macleod to whom I was privileged to hear lecturing on the subject of Intestinal Obstruction, who was most emphatic when he said "Examine the Rings for Hernia". This came especially to my assistance in a case I had at Port Glasgow when acting for Dr. McBoyle. A woman, who had been delivered of a child ten days previous, had a sudden fit of vomiting, which I thought was due to uterine mischief. There being pain across the lower part of the abdomen I ordered a Sinapism & gave Bismuth & opium internally. In Palpating

the abdomen under cover of a  
 sheet. I had casually examined  
 the ring. The symptoms got worse  
 & I was called in the early morning,  
 when the vomiting had the char-  
 acteristic smell, when I diag-  
 nosed obstruction without being  
 more definite. Going home for  
 medicine &c. I remembered my  
 casual examination & on re-  
 turning, turned down the  
 clothes to find a very small  
 Litre's Hernia. This being  
 reduced, after a little diffi-  
 culty, matters gradually im-  
 proved under the usual  
 line of treatment. To prevent  
 recurrence of the hernia I  
 placed a pad on the groin  
 and fixed with a very  
 firm spica. The irritation

of the stomach did not abate for five days as was seen in the hiccupping which took place. I am certain that I shall not fall into the same mistake again & am of the opinion the use of the lemons were by such a slip than by many a successful case.

It has not been my fortune to see tumours causing reflex vomiting but these I am of the opinion will be less likely to cause error than such cases as I have mentioned as they will be more readily felt when one palpates the abdomen.

With regard to the

Psychical causes little need be said. Loathsome sights, dreadful tales are not ~~the~~ the things that come ones way often and are only likely to cause temporary effects. A medical friend of mine, who is superintendent of a large Asylum, has told me that some lunatics have the power of bringing on vomiting, & this is more often the case with those who are fed by ~~antipsy~~ the stomach tube.

This is a difficult point to solve, especially when we meet it in persons who one would not be likely to think of such an out the way proceeding. Perhaps the lowered tone of

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the stomach, as he says, is always found in these cases, and the general decline of the cerebral centres may assist in giving an explanation.

In conclusion I would say that in this symptom there is nothing too trifling to be overlooked. Its periodicity & duration, may be such as to cause even in the slightest cases much discomfort and annoyance to our patients and if not treated successfully may be the means of creating a feeling of distrust in the patient towards the medical attendant which may not be readily overcome.

The lines of treatment I have indicated in the cases I have enumerated, I would however forcibly point out the success which attends the treatment of bleeding in cases due to head mischief. I am somewhat convinced from my experience that bleeding is perhaps just a little too much out of date and it would be well if it were tried a little more frequently.

Observation would teach that from whatever cause vomiting may proceed it is the case that the very act itself makes the stomach more irritable & this fact points to the importance of diminishing the quantity

of ingesta be it food or medicine, and thus giving it <sup>almost</sup> perfect rest, it may the sooner return to its natural function.

J. Jenkins Robbs